

		CODE	
MOVEMENT RATINGS: Rate highest severity observed		0	- None
		1	- Minimal (may be extreme normal)
		2	- Mild
		3	- Moderate
		4	- Severe
FACIAL AND ORAL MOVEMENTS	1. Muscle of facial expression (e.g. movements of forehead, eyebrows, periorbital area, cheeks). Include frowning, blinking, smiling, grimacing.	<input type="text"/>	
	2. Lips and perioral area, (e.g. puckering, pouting, smacking)	<input type="text"/>	
	3. Jaw, (e.g. biting, clenching, chewing, mouth opening, lateral movements)	<input type="text"/>	
	4. Tongue (Rate only increase in movement both in and out of mouth, NOT inability to sustain movement.)	<input type="text"/>	
EXTREMITY MOVEMENTS	5. Upper (arms, wrists, fingers) Include choreic movements (i.e. rapid objectively purposeless, irregular, spontaneous), athetoid movements (i.e., slow, irregular, complex, serpentine). Do NOT include tremor (i.e., repetitive, regular, rhythmic).	<input type="text"/>	
	6. Lower (legs, knees, ankles, toes) (e.g. lateral knee movements, foot tapping, heel drooping, foot squirming, inversion and eversion of foot)	<input type="text"/>	
TRUNK MOVEMENTS	7. Neck, shoulders, hips, (e.g. cocking, twisting, squirming, pelvic gyrations)	<input type="text"/>	
GLOBAL JUDGEMENTS	8. Severity of abnormal movements	<input type="text"/>	
	9. Incapacitation due to abnormal movements	<input type="text"/>	
	10. Patient's awareness of abnormal movements (rate only patient's report)	<div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px 5px;">0</div> <p>No Awareness</p> </div> <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px 5px;">1</div> <p>Aware, No Distress</p> </div> <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px 5px;">2</div> <p>Aware, Mild Distress</p> </div> <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px 5px;">3</div> <p>Aware, Moderate Distress</p> </div> <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px 5px;">4</div> <p>Aware, Severe Distress</p> </div> </div>	
DENTAL STATUS	11. Current problems with teeth and/or denture	1 - Yes 2 - No	<input type="text"/>
	12. Does patient usually wear dentures?	1 - Yes 2 - No	<input type="text"/>

M.D. SIGNATURE

PRINTED NAME

DATE OF EVALUATION

## ABNORMAL INVOLUNTARY MOVEMENT SCALE

County of San Bernardino  
DEPARTMENT OF BEHAVIORAL HEALTH

CONFIDENTIAL PATIENT INFORMATION  
SEE W&I CODE 5238

NAME:

CHART NO.:

DOB:

PROGRAM: